

## EXTRAORDINARY ABSENCE FORM

*This form must be completed for any absences for three or more days. The form must be completed prior to signatures from administration and submitted through the attendance office.*

Student Name	
Student Number	
Phone Number	
Parent/Guardian Name(s)	
Email contact	

Dates of Absences			Total Number of Dates
First Day Absent DD/MO/YR	Last Day Absent DD/MO/YR	First Day back in school DD/MO/YR	

Period/ Course	Teacher Name/Initials	Required Course Work	Any Concerns?
1			
2			
3			
4A			
4B			

Reason for Request: (to be completed by parent or student if over 18)

- ☐ Sport Training                      Sport \_\_\_\_\_ Where \_\_\_\_\_
- ☐ Sport Competition                      Sport \_\_\_\_\_ Where \_\_\_\_\_
- ☐ Vacation
- ☐ Other \_\_\_\_\_

### Sport Training/Competition/Other

*We encourage the students to work closely with their subject and ILIP teacher to ensure completion and assistance where needed prior to and upon their return from an absence to ensure academic success in order that absences do not impact your child's academic achievement*

### Vacation

*Our schedule facilitates alternative times for vacations which we encourage all families to avail themselves of to minimize loss of learning time. If a vacation is taken during school time, as a parent, I accept responsibility for this potential impact on my child's academic achievement when I withdraw my son/daughter from school for a family holiday. We encourage your child to clearly communicate and work closely with their teachers and ILIP teacher to ensure completion and assistance where needed.*

Parent's Signature: \_\_\_\_\_

*I understand that it is my responsibility to clearly communicate and update my teachers regarding extended absences to ensure that I reach my potential and achieve my credits.*

Student's Signature: \_\_\_\_\_

VP/Principal Signature: \_\_\_\_\_ (signature does not constitute approval)

Copy to: Student original/Attendance/Guidance/Teacher